Case 2:07-cv-00275-WHA-WC Document 2 Filed 03/30/2007 Page 1 of 2  Reviewed Revised: On 04/24/06.
AO 240 BATTON DIGERRACE COLIDE
4/24 middle District of Vision
Plaintiff
O. P. J. Commission of the Com
Case NUMBER:  Governor Mississippi and 2:06-mc-0001-JAO, USDC-MS, 14-1 order  Barbori Defendant  Grandinetti #33 444 (MS)  declare that I am the (check appropriate box)
Destitioner/plaintiff/movant Stother Appellant (et toner Appellant)
in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915 I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.
In support of this application, I answer the following questions under penalty of perjury:  1. Are you currently incarcerated?  If "Yes," state the place of your incarceration  Are you employed at the institution?  Attach a ledger sheet from the institution(s) of your incarceration showing at least the past six months' transactions.  Not available per ICCF.  2. Are you currently employed?  1. Are you currently employed?  2. Are you currently employed?  3. If the answer is "Yes," state the amount of your take-home salary or wages and pay period and give the name and address of your employer.  1. Are you currently employed?  2. Are you currently employed?  3. If the answer is "Yes," state the amount of your take-home salary or wages and pay period and give the name and address of your employer.  1. Yes  1. No  1. Admin, Segregation.
b. If the answer is "No," state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.  August 2004 September, 2004, TCCF, August 2004 of the following sources?
3. In the past 12 twelve months have you received any money from any of the following sources.
a. Business, profession or other sent-employment  b. Rent payments, interest or dividends  c. Pensions, annuities or life insurance payments  d. Disability or workers compensation payments  e. Gifts or inheritances  f. Any other sources
If the answer to any of the above is "Yes," describe, on the following page, each source of money and state the amount received and what you expect you will continue to receive.  Attachment Exhibit E" 04/24/06

O 240 Reverse (Rev. 10/03)	
The State of Miss	cissippi, 2004-2006, sep detention of source Denise
Wo shipston, BV 200826; Glen H. Davidson, No. 2106-	MC-0001. (TCCF Inmate Acct. #53.)  MS accounts? Yes  No  No. 5:00-ev-0057. (TCCF Inmate Acct. #53.)  MS accounts? No. 5:00-ev-0057. (TCCF Inmate Acct. #53.)
If "Yes," state the total amount.	(Approx. \$18.50 in restricted accts 1100)
thing of value? Yes 4)24/06. See	
	tates of American confiscated
Work and education	money, assets, clutees, personal items, al references of Appellant. plainliff-
List the persons who are dependent on you	u for support, state your relationship to each person and indicate

I declare under penalty of perjury that the above information is true and correct. ZP U.S.C. \$1746.

04/24/06

NOTICE TO PRISONER: A Prisoner seeking to proceed without prepayment of fees shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each FCC and TCCF refuse to provide ledger account printants. account.